

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>11/30/04</u>		2 Serial/Patent # <u>10-796423</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
<input checked="" type="checkbox"/>	Petition	1FW	10/8/04	\$ 130								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 130							
10 REASON:		8 TO BE REFUNDED BY:										
	Overpayment	<input type="checkbox"/> Treasury Check										
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> </tr> </table>				2	0	--	1	4	3	0
2	0	--	1	4	3	0						
PTO ERROR												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>ABROWN</u>			TITLE: <u>AHy.</u>									
SIGNATURE: <u>[Signature]</u>			PHONE: <u>2-3205</u>									
OFFICE: <u>OP</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>[Signature]</u>			DATE: <u>12/2/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: